

SECTION 7 — CERTIFICATIONS AND IMPORTANT INFORMATION

- Medical Information — Examples of health or vision problems that must be reported are:
 - Loss of consciousness or marked confusion experienced on one or more occasions.
 - Any disease or disorder which may affect your ability to operate a motor vehicle safely upon a highway, such as: epilepsy, diabetes, stroke, drug or alcohol addiction.
 - Any vision change which could affect your ability to drive safely, such as: glaucoma, diabetic retinopathy, cataracts, macular degeneration.
- Social Security Number Collection Disclosure — You are required by law to provide your social security number or your Renewal by Mail application will be denied. Authority to collect the social security number is 42 U.S.C. 405 and California Vehicle Code §1653.5, §4150, §4150.2, §12800, and §12801. It will be used in the administration of driver license laws and motor vehicle registration laws and to respond to requests for information from the Franchise Tax Board for tax administration and from any agency operating pursuant to 42 U.S.C. 601 et seq. It will be used to aid in the collection of monies owed in connection with failure to pay fines or failure to appear in court by an applicant, and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support, and/or Establishment of Paternity.
- California state law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the DMV and requires you to pay a delinquent state tax obligation. Failure to pay this delinquent tax obligation may result in the suspension of your driver license.
- Chemical Test Disclosure — I agree to submit to a chemical test of my blood, breath, or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a peace officer acting in accordance with Vehicle Code §23612.
- Organ Donor Statement — If you marked 'Yes' to register as an organ and tissue donor, you are legally authorizing the recovery of organs and tissues in the event of your death. Registering as a donor will not affect your medical treatment in any way. As outlined in the California Anatomical Gift Act, your authorization is legally binding and, unless the donor is under 18 years of age, your decision does not require the consent of any other person. For registered donors under 18 years of age, the legal guardian shall make the final donation decision. You may limit your donation to specific organs or tissues, place usage restrictions (for example transplantation or research), obtain more information about donation, or remove your name from the registry on the Internet Web site of Donate Life California: www.donateLIFecalifornia.org. By registering as an Organ Donor, you are giving your consent to allow DMV to electronically transmit your true full name, residence or mailing address, year of birth, and California driver license or identification card number to Donate Life California. By signing this form you consent to this process and have been notified that this transmission will occur.
- Veteran Statement — By marking the veteran box on this application, I certify that I am a veteran of the United States Armed Forces and that I want to receive veteran benefits information from the California Department of Veterans Affairs. By marking the veteran box on this application, I also consent to DMV transmitting my name and mailing address to the California Department of Veterans Affairs for this purpose only, and I certify that I have been notified that this transmittal will occur.
- Certification Statement — I am hereby advised that being under the influence of alcohol or drugs, or both, impairs the ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I drive while under the influence of alcohol or drugs, or both, and as a result, a person is killed, I can be charged with murder.
 - By signing this application, I certify that I was notified that if I am under 21 years of age, I cannot legally drive with a blood alcohol concentration (BAC) of 0.01% or more. Driving with a BAC of 0.01% or more, or refusing to take, or failing to complete an alcohol screening or drug test, results in a one-year suspension of my driving privilege.
 - By signing this application, I certify that I was notified that if I am currently on court probation for a driving under the influence offense, I cannot legally drive with a blood alcohol concentration (BAC) of 0.01% or more. Driving with a BAC of 0.01% or more results in a one-year suspension of my driving privilege. Refusing to take, or failing to complete an alcohol screening or chemical test will result in a two to three year suspension/revocation of my driving privilege.
 - By signing this form, I am acknowledging my presence in the United States is authorized under federal law.
 - I understand I may have no more than one driver license in my possession or under my control in accordance with California Vehicle Code §12511.
 - DMV checks for driving record status in other jurisdictions through the National Driver Registry prior to issuance of a California driver license. You will not be issued a California driver license if another jurisdiction has withdrawn your driving privilege.
 - I understand DMV may add traffic convictions reported by other states or jurisdictions to my driving record that may result in sanctions against my California driving privilege.
 - By signing this application, I certify that I understand traffic signs and signals in accordance with California Vehicle Code §12800(h).
- Mailing Address — I am the person whose name appears in Section 2 of this form. The mailing address shown is valid, existing, and accurate. I consent to receive service of process at this mailing address pursuant to §415.20(b), §415.30(a), and §416.90 of the Civil Procedure Code.
- Advisory Statement — The information required on this form pertains to eligibility under the Public Records Act. This information is a public record and is regularly used by law enforcement agencies and insurance companies. Access to address information is now restricted, and will be available to various authorized requesters for limited use. Individuals can obtain copies of their own information during regular office hours.

SECTION 8 — SIGNATURE/PERJURY STATEMENT

I have read, understand and agree with the certifications on this document. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE

X

DATE

SECTION 9 — WHERE TO MAIL

The renewal fee for basic driver license is \$33.00 or \$41.00 for Commercial Licenses. If you marked the box to make a \$2 voluntary contribution to support and promote the Donate Life California organ and tissue donor registry, include the \$2 voluntary contribution with your check or money order made payable to DMV and mail this form to:

DMV, Attn: Renewal By Mail Unit

PO Box 942890

Sacramento, CA 94290-0001

(Please write your driver license number on the back of your payment document.)